Health and Human Services Transformation Panel

Meeting 1
February 6, 2013
2:00 PM to 4:00 PM

Mercer Island Community and Event Center
8236 SE 24th Street/Mercer Island

Meeting Summary

Panel Member Attendees:

Heidi Albritton, Seattle Human Services
Shelley Cooper Ashford, Center for Multicultural health
Elizabeth Bennett, Seattle Children's Hospital
Jim Blanchard, Auburn Youth Resources
Colleen Brandt-Schluter, City of SeaTac, Human Services
Lisa Cohen, Washington Global Health Alliance
Merril Cousin, King County Coalition Against Domestic Violence
Deanna Dawson, Sound Cities
David Downing, Youth Eastside Services
Bill Hallerman, Catholic Community Services
Dr. Jeff Harris, Health Promotion Research Center
Ron Jackson, Evergreen Treatment Services (Ret)
Hyeok Kim, InterIm Community Development Association
Dr. Dan Lessler, Harborview Medical Center
Dan Murphy, Washington State Department of Social and Health Services for Jane Beyer
Mark Okazaki, Neighborhood House
Nathan Phillips, South King Council on Human Services
Terry Pottmeyer, Friends of Youth
Janet St. Clair, Asian Counseling and Referral Service
Adrienne Quinn, Medina Foundation
Kelly Rider, Housing Development Consortium
Mark Secord, Neighborcare
Margaret-Lee Thompson, Community

Excused:

Patricia Hayden, Seattle-King-Snohomish YWCA
Brian Knowles, Bailey Boushay House
Emily Leslie, City of Bellevue

Sara Levin, United Way King County
Julie Lindberg, Molina
Marilyn Mason-Plunkett, Hopelink

Opening Remarks

Carrie Cihak, Director of Policy & Strategic Initiatives, Office of King County Executive Dow Constantine
Dr. David Fleming, Director and health Officer, Public Health – Seattle & King County
Jackie MacLean, Director, King County Department of Community and Human Services

Open remarks recognized the challenges that are ahead for this group, but also acknowledged the great opportunity to improve the health and prosperity of our community through improved integration of services. Deputy County Executive, Fred Jarrett also spoke to how important this initiative is to Executive Constantine.

Transformation Panel Charge, Work Plan, and Process

The meeting was facilitated by Judy Clegg, Consultant, Clegg & Associates. A review of Motion 13768 was provided by Betsy Jones, Health and Human Potential Policy Advisor, Office of King County Executive Dow Constantine and Kelli Carroll, Staff, Metropolitan King County Council.

Judy Clegg provided an overview of the work plan for the panel and schedule of meetings.

Feedback on Work Plan and Schedule

After hearing an overview from Judy Clegg about the work plan and schedule, the following questions/comments were made by panelists:

- *Need for Data* – A panelist asked, "Will we get data in the early stages of this process to inform how we view the problem? We don't know what we don't know." In response, Betsy Jones stated that we also need to know who is funding what and we will get this data. Carrie Cihak added that panelists should look at King County's Equity and Social Justice (ESJ) annual report for data on racial and other disparities in King County (http://www.kingcounty.gov/exec/equity.aspx). To this, Kelli Carroll stated that a Website has been created for this project and the King County ESJ report as well as other documents will be available on it. She also shared that King County has a demographer who can be used to gather data.
- *Meeting Participation Via Phone* - A phone line will be made available for panelists to call-in to future meetings.

Discussion on "Getting to a Common Vision"

Betsy Jones and Kelli Carroll shared the main points from the document they had created called "Getting to a Common Vision." Listed below is the content of that document with discussion comments from panelist included within.

Getting to a Common Vision

This document outlines current context, perceived problems, an envisioned future state, and the ways in which the integration "plan" will help different sectors of our community, both public and private, accelerate to that future state.

The text in bold and italics below reflects issues that Panel members raised during their discussion of the draft document.

The starting gate

Much of the health and human services provided to residents and communities in the King County region work well, evidenced by the fact that people are better off living here than in many other areas. Most would agree that the systems don't need to be demolished outright, but that together the community could do better if we identify places and ways in which health and human service systems are not working well, and fix those. The work of the motion will not start cold. Across fields and disciplines represented on the transformation panel, work is underway to examine what works well, and what needs to change, why, and how. And the county, too, has been engaged with stakeholders over the past year to explore these issues in light of health care reform.[1] What follows are key concepts drawn from this previous work that provide a starting point for the discussion.

- ***Discussion: we're the only developed country that keeps the public health system separate from the healthcare delivery system; it makes no sense.***
- ***Discussion: what underlying model will guide our work, e.g., a socio-ecological approach, collective impact, etc.?***
- ***Discussion: we need disaggregated data to gain a valid picture of what is going on now with the health of the community so we can design a system that will successfully improve it. This data must keep us informed about the immigration and diversity that are an ever-evolving asset of our community.***
- ***Discussion: we don't have a common definition of health, human services, and community-based prevention; we need one to have an effective conversation. We need to identify a terminology that enables us to talk about health, human services, and prevention as a unified whole.***

[1] See King County Health Reform Planning Team, Framework for an Accountable and Integrated System of Care. This work was endorsed by various stakeholders involved in the work. Further consideration of formalizing the work as King County policy was deferred due to the adoption of Motion 13768, and the work is being rolled forward to the Transformation Panel.

- ***Discussion: it's important that we hear from clients who receive services from our systems; what are their concerns and priorities?***

The problems

Though the community has made great strides in improving services through a wide range of regional partnerships and initiatives, opportunities for improvement remain:

- There is little predictability in access to and quality of health and human services for King County residents.
    - ***Discussion: we don't have a clearly articulated or mapped "system" of health and human services; we don't know enough about who's providing what services, where, and to whom.***
- Services may be duplicated or not provided at all.
    - ***Discussion: duplication is a trigger word for people; it makes it sound like all the providers are doing the same thing. How big is the duplication problem, actually? Is it more an issue of fragmentation/lack of coordination rather than duplication?***
    - ***Discussion: we should focus on improving the completeness of care, i.e., reduce the gaps and fragmentation that people experience now.***
- Providers may not know what other system or provider is involved with a given client or patient.
    - ***Discussion: we repeat work with people because we often don't know what other services they're getting.***
- And too often, people get help only when their social and health issues reach a crisis point, when the issues are far more costly and challenging to address.
    - ***Discussion: there is clearly a lack of services; this is one reason why so many people wind up in crisis. There will always be a role for crisis services but we need to reduce our reliance on them. The system has barriers that keep people out rather than welcoming them in and helping them get the help they need before they're in crisis. Culture and language are key barriers for many people.***

The consequences:

- ✓ Clients and patients often report poor experiences and poor customer service.
- ✓ No single point of accountability (everyone is responsible, so no one is).
- ✓ Inadequate focus on prevention, wellness, and recovery.

- ✓ Clients do not receive optimally integrated services and care is not well-coordinated (individuals don't receive all the services that could be of benefit to them in a timely, effective manner.)

These consequences fuel poor social and health outcomes in our community, persistent inequities, and higher costs for everyone: residents, government, and business.

Characteristics of the future state

The envisioned future state (or redesigned system) is effective in solving the problems described above, and achieves: effective, efficient, timely, and culturally competent delivery of health and human services that are of greatest benefit to the residents of King County. This system will measure outcomes and use those results to continually improve performance.

The system's core characteristics and elements will include:

- ➢ ***Discussion: we should design a system that is strengths-based.***
- ➢ ***Discussion: what do we mean by a single point of accountability? Is it a service concept or related to governance and administration? If it's service-related, we need to make sure we understand the impacts of coordinated entry.***
- ➢ ***Discussion: we need to design incentives for behavior change – on the parts of both clients and agency staff.***
- ➢ ***Discussion: we need to implement new technology where appropriate.***
- ➢ ***Discussion: we must be mindful of the county's geography as we plan services and delivery structures.***
- ➢ ***Discussion: we need to maintain a focus on health disparities-- be more explicit that our future state is one that would reduce or eliminate racial and ethnic disparities***
- ➢ ***Discussion: building in continuous quality improvement processes is critical for the new system.***
- ➢ ***Discussion: the system must be client-centered and client-driven (people-centered or family-centered are better terms).***
- ➢ ***Discussion: the one stop model might not be culturally competent; we need to look at that issue.***

- Access to a culturally competent, client centered medical or health home for everyone
- Seamless integration of primary care, mental health, and substance abuse services
- A strong network of robustly linked human services and supports (including linked to health)

- Care coordination and case management scaled to client needs – and tailored for those who are at highest risk and have complex health and social issues
    - ***Discussion: our systems have become so complicated people need an escort to get through them.***
    - ***Discussion: it can be feast or famine for clients – some may have multiple case managers and experience confusion, while others in need of that support have none.***
- An enhancement of prevention services in clinical and community settings (a less costly way to address needs)
    - ***Discussion: we need to take a long-term view on improving the community's health; we need to engage people in services when they're young to help them build better health over the long term. We need a multi-age perspective on the outcomes we're trying to achieve and the systems we're building to achieve them.***
    - ***Discussion: we have a "sick care system" that focuses its resources on those who are ill; it doesn't address the social determinants of health that help people get and stay healthy. Health equity is a huge issue we have to address.***
- Outcome-driven, meaning that outcomes are measured and financial incentives are aligned with those outcomes
    - ***Discussion: we need to increase our focus on outcomes and awareness around "science to practice" – it takes resources to make this transformation.***
    - ***Discussion: how can we link financing to outcomes?***
- Financially sustainable
    - ***Discussion: how can we maximize our use of Medicaid under the Affordable Care Act to improve the community health and well-being? We need to identify what ACA won't pay for and look for other resources.***
    - ***Discussion: our partnership with the state is an essential component of our ability to transform and sustain our system.***
    - ***Discussion: we need to figure out how to transform ourselves while minimizing adverse impact on our clients.***

Getting there: assumptions about the nature of the product that will be developed in response to the Motion, "the integration plan"

The plan will articulate, with more specificity, the look and feel of the envisioned future state. Key aspects of the plan that will make it the type of dynamic tool needed to transform our system:

- ✓ It will clearly identify a vision – the future state.
- ✓ It will identify the most urgent initial steps and phases for implementation, recognizing that the plan will need to adapt and evolve over time. (It won't be a static document.)
- ✓ It will lay out the mechanisms by which the county and other stakeholders will influence and govern the plan.
- ✓ It will address the alignment of county-controlled resources –both existing and new –in support of the future state.

Further, we anticipate that the plan will:

- ✓ Reflect a broad population-level frame of integration – the identified problems won't be solved if systems are designed solely around low-income or most in need.
    - ➢ ***Discussion: we need to transform the public's view of our system as a resource that includes environmental health, parks, transportation, etc.***
    - ➢ ***Discussion: how have other communities transformed their systems?***
- ✓ Balance attention to both downstream (addressing highest need) and upstream (prevention focused) strategies.
- ✓ Leverage the opportunities under health care reform, especially the changes in the Medicaid program.

Finally, a critical aspect of the plan will be that it will strive—by virtue of a shared vision of the future state for health and human services – to inspire mutually reinforcing activities among various sectors and stakeholders in order to achieve a greater collective impact than any one alone could have.

Meeting Wrap-Up

Following the comments and discussion regarding the "Getting to a Common Vision" document, Dale Jarvis gave an overview of the February 27 meeting. All panelists in attendance except one could attend it.

Public Comment

No public comments were made.

Next Steps and Close

Before the meeting ended, Carrie Cihak shared that in Dow Constantine's *State of the County* speech he launched a Health Care Leadership Circle. This group will work to get all those without health insurance enrolled in coverage. To date, representatives from three organizations (Seattle Chamber of Commerce, Swedish Medical Center, and Solid Ground) have joined. They are looking for more people to be involved.